Please	type a	plus si	ign (+)	inside	this box	•
--------	--------	---------	---------	--------	----------	---

INFORMATION DISCLOSURE

STATEMENT BY APPLICANT

(use as many sheets as necessary)

of

Approved U.S. Patent and Trademark

PTO/SB/08A (08-00) through 10/31/2002. OMB 0651-0031 U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information

Substitute for form 1449A/PTO

Complete if Known

Application Number 10/089, 37

Filing Date 3/23/2502

First Named Inventor Bruse R. Parmas

Group Art Unit
Examiner Name

Attorney Docket Number

ADVA 214, 001 AUS

R Q	<del>)</del>				U.S. PATENT DOC	UMENTS	
Exa In M	ımınen	Cite No.1	U.S. Pater Number	t Document Kind Code (if known)	Name of Patentee or Applicant	_ Date of Publication of Cited Document MM_DD-YYYY	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
K	1		58453	234	Testa et al.	12/1/1998	
			5,178,		Jennion et al.	7/7/1998	
			6,067,6		Fusco et al.	5/23/2000	
XX			5.914.	241	Fusco	10/26/1999	<u> </u>
<b>L</b>							•
_	∤						
$\vdash$			·				
-							
$\vdash$	$\rightarrow$			<del></del>			
$\vdash$					<u> </u>		
<b></b>							
$\vdash$	•				<del>-</del>		
						-	
		I					

	0::-	Foreign Patent Document			Name of Patentee or	Date of Publication of	Pages, Columns, Lines,	
	Cite No. <sup>1</sup>	Office <sup>3</sup>	Number <sup>4</sup>	Kind Code <sup>5</sup> (if known)	Applicant of Cited Document	Cited Document MM-DD-YYYY	Where Relevant Passages or Relevant Figures Appear	Ţŝ
								L
					·		<u>.</u> .	ot
								╀
								╀
								Ĺ
					<del></del>			╀
				.				┝
						· ·		T
		1	B	7		)	ſ	
Exami Signat		7	Que!	1		ate onsidered	15/A00	1

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through ditation if not in conformance and no considered. Include copy of this form with next sommunication to applicant.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U. S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

<sup>&</sup>lt;sup>1</sup> Unique citation designation number. <sup>2</sup> Securitached Kinds of U.S. Patent Documents. <sup>3</sup> Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). <sup>4</sup> For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. <sup>5</sup> Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. <sup>6</sup> Applicant is to place a check mark here if English language Translation is attached.